

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
CHILD'S ASSESSMENT OF ICF/MR LEVEL OF CARE
CURRENT SUPPORT NEEDS

(For children birth through age 12)

NAME	DDD NUMBER	DATE OF INITIAL REFERRAL OR ANNUAL REVIEW
<ul style="list-style-type: none"> Children birth through age five (5) must have five (5) of nine (9) left of the line items designated with an “**” Children age six (6) through twelve (12) must have seven (7) of nine (9) left of the line items designated with an “**” 		
* 1. What supports does the child need to dress and groom self as is expected of others of same age?		
<input type="checkbox"/> A Needs major support in the form of total physical assistance, intensive training and/or therapy for dressing and grooming self.	<input type="checkbox"/> B Needs moderate support in the form of some physical assistance and/or training and/or therapies to dress and groom self.	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> C Needs reminders or prompts to dress and groom self appropriately. </div> <div style="width: 48%;"> <input type="checkbox"/> D At age level (may have physical supports) in dressing and grooming self. </div> </div>
* 2. What supports does the child need to toilet self as is expected of others of same age?		
<input type="checkbox"/> A Needs major support in the form of total physical support. Intensive training intervention and/or daily therapy to toilet self.	<input type="checkbox"/> B Needs moderate support in the form of some physical assistance, standard training and/or regular therapy.	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> C Needs reminders or prompts. </div> <div style="width: 48%;"> <input type="checkbox"/> D Toilets self or has physical support in place to toilet self. </div> <div style="width: 48%;"> <input type="checkbox"/> E At age level. </div> </div>
* 3. What supports does the child need to eat at age level?		
<input type="checkbox"/> A Needs major support in the form of total physical assistance, intensive training and/or daily therapy.	<input type="checkbox"/> B Needs moderate support in the form of some physical assistance, standard training and/or regular therapy.	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> C Needs help with manners and appearance when eating, in the form of reminders and prompts. </div> <div style="width: 48%;"> <input type="checkbox"/> D At age level (may have physical supports) in eating. </div> </div>

*** 4. What supports does the child need to move around in the same ways as other children of same age?**

<input type="checkbox"/> A Needs major intervention in the form of total physical support to move around, intensive training and/or daily therapy.	<input type="checkbox"/> B Needs moderate support such as someone's help to move around or may use or learn to use adaptive device or may require standard training.	<input type="checkbox"/> C Needs mild intervention in the form of training and physically prompting scooting/crawling/walking behaviors.	<input type="checkbox"/> D Needs to be encouraged to scoot/crawl/walk.	<input type="checkbox"/> E No supports needed - child is scooting/crawling/walking at age level.
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*** 5. What supports does the child need to communicate as others of same age?**

<input type="checkbox"/> A Currently someone else must always determine and communicate child's needs.	<input type="checkbox"/> B With intensive training or therapy support, child may learn sufficient verbal and/or signing skills to make self easily understandable to others.	<input type="checkbox"/> C With physical support (adaptive device, interpreter), child is always able to communicate.	<input type="checkbox"/> D No supports needed and/or at age level.
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6. What supports does the child need to learn about and use money?

<input type="checkbox"/> A Child is not old enough to know about money.	<input type="checkbox"/> B Family must devise special opportunities for child to earn/or spend money.	<input type="checkbox"/> C Needs to learn about earning and/or spending money in typical age-level ways.	<input type="checkbox"/> D Needs prompt and/or reminders in completing tasks/transactions related to earning/ spending money.	<input type="checkbox"/> E Needs no support. Independently uses opportunities typical to his/her age group to earn and/or spend money.
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*** 7. What supports does the child need to make choices and take responsibility?**

<input type="checkbox"/> A Needs major support in the form of special and/or technical help to and from family/teachers to create opportunities for making choices and taking responsibility.	<input type="checkbox"/> B Needs moderate support in the form of family/ teachers creating and explaining a variety of opportunities for making choices and taking responsibility.	<input type="checkbox"/> C Needs some support in the form of explanation of available options for making choices and taking responsibility.	<input type="checkbox"/> D Needs no support. Readily uses a variety of opportunities to indicate choices (activity, food, etc.) and take responsibility for (tasks, self, etc.)	<input type="checkbox"/> E Child not old enough to make choice.
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*** 8. What supports does the child need to explore environment?**

<input type="checkbox"/> A Needs major support in the form of specialized technical help to and from family/teachers to create ways which support/encourage child to explore and reach out.	<input type="checkbox"/> B Needs moderate support in the form of some training/physical help to and from family and teachers to create ways and opportunities for child to explore environmental and reach out.	<input type="checkbox"/> C Needs some support in the form of verbal encouragement or presence of someone child trusts to explore environment and reach out.	<input type="checkbox"/> D Needs no support and/or is at age level. Readily explores environment (may have adaptive device) and reaches out in ways typical to child's age group.
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*** 9. What supports are necessary to get child's therapy health needs met?**

<input type="checkbox"/> A Child requires medical/ health intervention or monitoring by professionals at least daily.	<input type="checkbox"/> B Child needs regular (weekly, monthly) monitoring by health professionals.	<input type="checkbox"/> C Child needs daily support and/or monitoring by trained others.	<input type="checkbox"/> D Needs regular on-going therapy and/or monitoring of health needs through typical community health systems.	<input type="checkbox"/> E No specialized supports necessary. Child's therapy and health needs are met through typical community health systems.
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*** 10. What support services should the system provide to help family continue to meet child's needs?**

☐ **A**

Substantial significant supports to child and parents needed. Child in, or at risk of, out-of-home placement at this time.

☐ **B**

Substantial support needed/requested; e.g., requests for more than two days per month respite, referral to homemakers, homebuilders; request for long term behavior management training, need extensive and/or expensive environmental modification or equipment; request frequent contact with case manager.

☐ **C**

Moderate external support needed/requested; e.g., requests for regular respite, intensive but short-term behavior management, referral for parent training help, referral to day care services; and/or request for regular contact with case manager.

☐ **D**

Minimal external support needed/requested; e.g., requests for occasional respite, referrals to parent support group, and/or case manager helps obtain adaptive equipment.

☐ **E**

No external supports are necessary. Family has obtained any necessary adaptive equipment.

11. What supports does the child need to make the kind of relationships with family members expected of non-disabled children of the same age?

☐ **A**

Opportunities for contributing to family life totally dependent on others to maintain, interpret child's role to other family members.

☐ **B**

Requires major support in the form of daily/weekly creation of opportunities to be seen as a contributing member and assume typical family responsibilities.

☐ **C**

Requires moderate support in the form of adaptive device, training and/or reminders to be seen as contributing member and assume typical family responsibilities.

☐ **D**

Needs minor support in seeing self and being seen as a contributing member of the family and assuming typical family responsibilities.

☐ **E**

Needs no support to form positive family relationship.

12. What support does the child need to explore and use typical community resources such as stores, parks, and playgrounds?

☐ **A**

Family needs major support (perhaps respite) to continue to provide child total physical support to use typical resources.

☐ **B**

Moderate support is needed - family must create ways for child to use these resources in ways typical to child's age group.

☐ **C**

Minimal support needed - family may wish suggestions or some support on ways to enable child's regular use of typical resources.

☐ **D**

Needs no support and/or at age level. Uses these resources regularly.

13. What supports are needed for the child to develop age-level skills in playing with others?

☐ **A**

Major support needed by others to help child play. Parents may request special adaptive equipment and training to foster child's playing skills.

☐ **B**

Moderate support needed in the form of a verbal and/or some physical intervention to help child play. Parents may be requesting suggestions instruction in ways to help child develop playing skills.

☐ **C**

Minimal support needed.

☐ **D**

No supports needed and/or at age level. Child's playing skills developing at age level.

14. What support does the child need to have opportunities to play with non-handicapped children?

☐ **A**

Substantial system support; e.g., system must set up "programs" that allow for interaction with non-handicapped children and the "programs".

☐ **B**

Moderate supports; e.g., parents have to create opportunities for contacts. parents may ask for instruction in how to facilitate such contacts. System may need to provide structural supports; e.g., transportation, barrier-free public play environments, etc.

☐ **C**

Minimal support; e.g., some monitoring. Parents may request help on how to broaden child's range of contacts or to increase the age appropriateness of contacts.

☐ **D**

No support needed.

CASE/RESOURCE MANAGER'S SIGNATURE

DATE

INSTRUCTIONS FOR COMPLETING THE NEEDS ASSESSMENT

1. Who determines ICF/MR level of care eligibility for waiver services?

A CRM or Social Worker is qualified to determine ICF/MR level of care eligibility. One or the other of these persons must sign the referral form at the end of the form to certify that the individual requires ICF/MR level of care.

2. How often must the ICF/MR level of care assessment be completed?

This assessment must be completed within 90 days of the initial referral date and at the time of the annual reassessment.

3. Can providers complete the ICF/MR level of care Supports Needs Assessment form?

No. They can give input to the CRM as to what they feel the current level of need is for that person. However, it is the CRM's responsibility to do the assessment, using the appropriate support needs assessment based on the best information available to him or her.

4. How do I answer questions if none of the choices accurately describe the person?

You can only choose one of the answers provided. **Do not add new boxes or new answers.** If the question is "not applicable," mark the lowest score and write an explanation in comments.

5. What assessment items must be addressed on the Plan of Care (POC)?

All assessment answers that are in BOLD on the form, must be addressed in the POC.

6. What if the score is too low to indicate ICF/MR level of care?

CRM Responsibilities:

- A. A supervisor/designee review is required to ensure the accuracy of the Current Support Needs Assessment.
- B. If, after review, the score is too low, answer questions #1, #3, #11, #18 and #19 on form 15-168. These questions identify Health and Welfare needs that are not addressed in 15-170A. Answer only these questions. Responses must be based on what is expected of others of the same age. Give specific examples to substantiate the choice selected. If any of the above answers are a bolded item, the support needs counts as one point toward the required score on 15-170A.
 - Attach 15-168 to the Waiver Eligibility Determination Checklist (10-274) regardless of the score.
 - If the score is sufficient to substantiate ICF/MR level of care, forward 15-168, 15-170A, and 10-274 to your Waiver Coordinator/regional designee.
 - The Waiver Coordinator/designee will review the packet and present the case to the ICF/MR level of Care Committee.
- C. If the score is still less than required, request additional documentation that provides evidence of the need for waiver services.
 - WAC 388-845-0085(2) This additional information may include occupational therapy (OT), physical therapy (PT), psychological, nursing, social work, speech and hearing, or other professional evaluations that reflect current needs.
- D. Review documentation and clearly identify any evidence to support need for waiver services.
- E. Give your Waiver Coordinator/regional designee the 10-274 and attach all documentation from steps B, C, and D.:
 - Waiver Coordinator/designee will review packet and present case to the ICF/MR level of Care Committee.

ICF/MR Level of Care Committee Responsibilities:

- A. The committee will determine if the documentation supports ICF/MR level of care eligibility.
- B. If the documentation supports ICF/MR level of care eligibility:
 - The decision will be recorded on Question #1 of form 10-274.
 - The Waiver Program Manager/designee will sign and date on the dotted line next to the question.
 - All supporting documentation shall remain attached. The Waiver Eligibility Determination form will be returned to the CRM for completion..
- C. What if the ICF/MR Level of Care Committee makes a determination that this individual does not meet ICF/MR level of care criteria?
 - The decision will be recorded on Question #1 of form 10-274.
 - The Waiver Program Manager/designee will sign and date on the dotted line next to the question.
 - All supporting documentation shall be attached. The Waiver Eligibility Determination form will be returned to the CRM.

7. Does the client have a right to appeal a determination that they do not meet ICF/MR level of care?

The client has a right to appeal:

- If the individual is requesting initial enrollment on a waiver send form 15-283 "HCBS Waiver Enrollment Request Notice of Denial".
- If the individual is currently on a waiver, send 10-298 "Notification of Termination From DDD HCBS Waiver".

8. Can there be an exception to policy for people when neither their assessment score nor supporting documentation indicate ICF/MR level of care?

No. This is a waiver requirement there are no exceptions to CMS rules.